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Bib Data Sheet

CONFIRMATION NO. 2466

<b>SERIAL NUMBER</b> 09/818,875	<b>FILING OR 371(c) DATE</b> 03/27/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1635	<b>ATTORNEY DOCKET NO.</b> 41428-0104
<b>APPLICANTS</b> Eric B. Kmiec, Landenberg, PA; Howard B. Gamper, Philadelphia, PA; Michael C. Rice, Newton, PA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/192,176 03/27/2000 and claims benefit of 60/192,179 03/27/2000 and claims benefit of 60/208,538 06/01/2000 and claims benefit of 60/244,989 10/30/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/07/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 24
Examiner's Signature _____ Initials _____				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 25213				
<b>TITLE</b> TARGETED CHROMOSOMAL GENOMIC ALTERATIONS WITH MODIFIED SINGLE STRANDED OLIGONUCLEOTIDES				
<b>FILING FEE RECEIVED</b> 1922	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	